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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| APPLICATION ELEMENTS | | ADDRESS TO: | Commissioner for Patents Mail Stop Patent Application P. O. Box 1450 Alexandria VA 22313-1450 |
|--|--|------------------------------|--|
| See MPEP chapter 600 concerning utility patent application contents. | | | |
| 1. <input checked="" type="checkbox"/> | Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> | 7. <input type="checkbox"/> | CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) |
| 2. <input type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27. | 8. <input type="checkbox"/> | Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> |
| 3. <input checked="" type="checkbox"/> | Specification [Total Pages 42] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure | a. <input type="checkbox"/> | Computer Readable Form (CRF) |
| 4. <input checked="" type="checkbox"/> | Drawing(s) (35 U.S.C. 113) [Total Sheets 3] 5. Oath or Declaration [Total Pages] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> | b. <input type="checkbox"/> | Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies |
| 6. <input type="checkbox"/> | DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | 9. <input type="checkbox"/> | Assignment Papers (cover sheet & document(s)) |
| 10. <input type="checkbox"/> | 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> | 11. <input type="checkbox"/> | Power of Attorney |
| 12. <input type="checkbox"/> | English Translation Document <i>(if applicable)</i> | 13. <input type="checkbox"/> | Information Disclosure Statement (IDS)/PTO-1449 |
| 14. <input checked="" type="checkbox"/> | Preliminary Amendment | 15. <input type="checkbox"/> | Copies of IDS Citations |
| 16. <input type="checkbox"/> | Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> | 17. <input type="checkbox"/> | Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> |
| 17. <input type="checkbox"/> | Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. | | |

9972 U.S. PRO
10/626379

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____ / _____

Prior application information: Examiner _____ **Group / Art Unit:** _____
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18 CORRESPONDENCE ADDRESS

| | | | | | |
|--|---|---|--------------|----------|--------------|
| <input type="checkbox"/> Customer Number or Bar Code Label | 26648 <i>(Insert Customer No. or Attach bar code label here)</i> | or <input checked="" type="checkbox"/> Correspondence address below | | | |
| Name | PHARMACIA CORPORATION Global Patent Department | | | | |
| Address | 575 Maryville Centre Drive 5th Floor, Mail Zone 1006 | | | | |
| City | St. Louis | State | MO | Zip Code | 63141 |
| Country | U.S.A. | Telephone | 314-274-6812 | Fax | 314-274-9095 |

| | | | |
|-------------------|---|-----------------------------------|---------------|
| Name (Print/Type) | James C. Forbes | Registration No. (Attorney/Agent) | 39,457 |
| Signature |  | Date | July 24, 2003 |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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07/24/03
U.S. PTO

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
\$1,224.00

Complete if Known

| | |
|----------------------|----------------|
| Application Number | To Be Assigned |
| Filing Date | July 24, 2003 |
| First Named Inventor | Amidon, G.E. |
| Examiner Name | To Be Assigned |
| Group Art Unit | To Be Assigned |
| Attorney Docket No. | 01132/4/US |

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number
19-1025

Deposit Account Name
Pharmacia Corporation

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | Small Entity | Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid |
|---------------------|--------------|---------------|---------------|------------------------|---------------|
| 1001 | 750 | 2001 | 375 | Utility filing fee | 750.00 |
| 1002 | 330 | 2002 | 165 | Design filing | |
| 1003 | 520 | 2003 | 260 | Plant filing fee | |
| 1004 | 750 | 2004 | 375 | Reissue filing | |
| 1005 | 160 | 2005 | 80 | Provisional filing fee | |
| SUBTOTAL (1) | | (\$) | | \$750.00 | |

2. EXTRA CLAIM FEES FOR UTILITY AND

| | Extra Claims | Fee from below | Fee Paid |
|--------------------|------------------------------|--------------------------------|----------|
| Total Claims | 37 - 20** = 17 | X 18.00 = 306.00 | |
| Independent Claims | 5 - 3** = 2 | X 84.00 = 168.00 | |
| Multiple Dependent | | = | |

| Large Entity | Small Entity | Fee Description |
|---------------------|--------------|---|
| 1202 | 18 | 2202 9 Claims in excess of 20 |
| 1201 | 84 | 2201 42 Independent claims in excess of 3 |
| 1203 | 280 | 2203 140 Multiple dependent claim, if not paid |
| 1204 | 84 | 2204 42 ** Reissue independent claims over original patent |
| 1205 | 18 | 2205 9 ** Reissue claims in excess of 20 and over original patent |
| SUBTOTAL (2) | | (\$) \$474.00 |

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

| 3. ADDITIONAL FEES | Large Entity | Small Entity | Fee Description | Fee Paid |
|--------------------|---------------|---------------|---|----------|
| Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid |
| 1051 | 130 | 2051 | 65 Surcharge - late filing fee or oath | |
| 1052 | 50 | 2052 | 25 Surcharge - late provisional filing fee or cover sheet | |
| 1053 | 130 | 1053 | 130 Non - English specification | |
| 1812 | 2,520 | 1812 | 2,520 For filing a request for ex parte reexamination | |
| 1804 | 920* | 1804 | 920* Requesting publication of SIR prior to Examiner action | |
| 1805 | 1,840* | 1805 | 1,840* Requesting publication of SIR after Examiner action | |
| 1251 | 110 | 2251 | 55 Extension for reply within first month | |
| 1252 | 410 | 2252 | 205 Extension for reply within second month | |
| 1253 | 930 | 2253 | 465 Extension for reply within third month | |
| 1254 | 1,450 | 2254 | 725 Extension for reply within fourth month | |
| 1255 | 1,970 | 2255 | 985 Extension for reply within fifth month | |
| 1401 | 320 | 2401 | 160 Notice of Appeal | |
| 1402 | 320 | 2402 | 160 Filing a brief in support of an appeal | |
| 1403 | 280 | 2403 | 140 Request for oral hearing | |
| 1451 | 1,510 | 1451 | 1,510 Petition to institute a public use proceeding | |
| 1452 | 110 | 2452 | 55 Petition to revive - unavoidable | |
| 1453 | 1,300 | 2453 | 650 Petition to revive - unintentional | |
| 1501 | 1,300 | 2501 | 650 Utility issue fee (or reissue) | |
| 1502 | 470 | 2502 | 235 Design issue fee | |
| 1503 | 630 | 2503 | 315 Plant issue fee | |
| 1460 | 130 | 1460 | 130 Petitions to the Commissioner | |
| 1807 | 50 | 1807 | 50 Processing fee under 37 CFR § 1.17(q) | |
| 1806 | 180 | 1806 | 180 Submission of Information Disclosure Statement | |
| 8021 | 40 | 8021 | 40 Recording each patent assignment per property (times number of properties) | |
| 1809 | 750 | 2809 | 375 Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 1810 | 750 | 2810 | 375 For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 1801 | 750 | 2801 | 375 Request for Continued Examination (RCE) | |
| 1802 | 900 | 1802 | 900 Request for expedited examination of a design application | |

Other fee (specify) _____
SUBTOTAL (3) **(\$)**

*Reduced by Basic Filing Fee Paid

| Complete (if applicable) | | | | | |
|--------------------------|------------------------|--------------------------------------|--------|-----------|---------------|
| Name (Print/Type) | James C. Forbes | Registration No. (Attorney/Agent) | 39,457 | Telephone | 847-581-6090 |
| Signature | <i>James C. Forbes</i> | | | Date | July 24, 2003 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

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